PTO/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031
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Date

11-11-2003

Typed or printed name

Signature

Jana Walraven

PTO/SB/17 (10-03)

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Under the Paperwork Reduction Act of 15	995, no persons are required to	respond to a collection of int	ormation unless it displays a valid UMB control number			
FEE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27		C mplete if Known				
		Application Number	To Be Assigned			
		Filing Date	Herewith			
		First Named Inventor	Daniel P. Vollmer			
		Examiner Name				
		Art Unit				
TOTAL AMOUNT OF PAYMENT	(\$) 828.00	Attorney Docket No.	020569-03900			

Attorney Docket No. 1020309-03900								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None	3. ADDITIONAL FEES							
Order Order	Large Er	ntity	Small	Entity				
Deposit Account:		Fee		Fee	Fee Description			
Deposit Account 12-1322/020569-03900	1	`''	2051	(\$)	Curchage Into Sline for an oath	Fee Paid		
Number Deposit		130			Surcharge - late filing fee or oath	<del>  </del>		
Account		50	2052		Surcharge - late provisional filing fee or cover sheet	<u> </u>		
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification			
Charge fee(s) indicated below Credit any overpayments	1812 2	2,520	1812 2	2,520	For filing a request for ex parte reexamination	<b></b>		
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee	1805 1	,840*	1805	1,840*	Requesting publication of SIR after			
to the above-identified deposit account.					Examiner action			
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month			
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month			
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	<b></b>		
Fee Fee Fee Fee Description Fee Paid Code (\$)	1254 1	1,480	2254	740	Extension for reply within fourth month	<b></b>		
1001 770 2001 385 Utility filing fee 770	1255 2	2,010	2255	1,005	Extension for reply within fifth month	<b>├</b> ──┤		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	<u> </u>		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	<b></b>		
1005 160 2005 80 Provisional filing fee	1451 1	,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 770		110	2452	55	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1	,330	2453	665	Petition to revive - unintentional			
Fee from Extra Claims below Fee Paid		1,330	2501		Utility issue fee (or reissue)			
		480	2502		Design issue fee			
Independent Co.	1503 1460	640	2503		Plant issue fee			
Claims 2 - 3** = 0 X = 18		130	1460	130	Petitions to the Commissioner			
		50	1807	50	Processing fee under 37 CFR 1.17(q)	<u> </u>		
Large Entity   Small Entity Fee Fee   Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt			
Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 18		Other fee (specify)						
SUBTOTAL (2) (\$) 10 **or number previously paid, if greater; For Reissues, see above		ced by	Basic F	iling F	ee Paid SUBTOTAL (3) (\$) 40			

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)

John Wilson Jones

Registration No. (Attornev/Agent)

Signature

April 1 - 2403

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